

New Jersey J-1 Visa Waiver/Conrad 30 Program

APPLICATION REQUIREMENTS

Section 1: Prospective Employer

J-1 visa waiver applications must be submitted by health care facilities in New Jersey that are licensed by the NJ Department of Health to provide comprehensive preventive and primary care to a significant proportion of the low income and uninsured population, preferably in a community setting. Health care facilities that are eligible to recruit and hire J-1 visa physicians must be located in a federally designated Health Professional Shortage Area, have a written policy stating that all patients are accepted regardless of ability to pay, post a sliding fee scale in the waiting room and accept Medicare and Medicaid assignments.

All documents must contain the case number assigned by the U.S. Department of State.

To obtain a case number from the U.S. Department of State, the application (DS-3035) can be found at: <https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver.html>

The following information must be provided with the application:

1. **Letter from Facility.** The Chief Executive Officer of the facility must submit a brief cover letter requesting that the NJ Department of Health sponsor the J-1 visa waiver applicant as an Interested Government Agency. The letter should also state that the Chief Executive Officer has read, initialed all the requirements and signed the sponsor's agreement.
2. **Description and Unmet Need.** The health center should provide a geographic description of the area and quantify the critical unmet need. Statistics must be provided to demonstrate that the physician's specialty is greatly needed in the area, and that the specialty in question is generally not available to the indigent population. Comparison of these statistics with county, state and national figures should be provided. A description of the health care facility must also be provided, including the nature and extent of its medical services to the low income population.
3. **Health Care Resource Inventory.** Provide a list of health care resources in the area including but not limited to, primary care facilities, hospitals, and number of primary care physicians, by specialty.
4. **Primary Care Program.** Describe the facility's primary care program, including staffing, hours of operation, and arrangements for secondary, tertiary and after hours care. Provide a weekly staffing schedule for the J-1 physician.
5. **Physician Qualifications.** Describe the physician's unique qualifications to meet the primary care needs of the low income population, proposed responsibilities and the cultural match of the physician with the racial and ethnic populations of the area. Include any prior experience the physician has had treating patients similar to those in the service area (e.g. AIDS, homeless).

6. **Recruitment Efforts.** A comprehensive summary of recruitment efforts over a period of no less than six (6) months, to identify a qualified and interested board certified U.S. physician for the same job that is the object of the J-1 visa waiver request. Documentation of these efforts must include, as applicable, copies of job postings and job specifications.
7. **Sliding Fee Scale.** Health services must be provided on a sliding fee scale to persons whose income falls below 200 percent of the federal poverty level or at no charge for persons unable to pay for these services. A copy of the sliding fee scale must be provided (include as Attachment C).
8. **Nondiscrimination.** The facility and the J-1 physician must provide health services to individuals in the area without discriminating against them because (a) they are unable to pay for services and/or (b) payment for these health services will be made under part A or B of Title XVIII of the Social Security Act 142 U.S.C. 1396 (Medicare) or under a State plan for medical assistance approved under Title XIX of that Act 142 U.S.C 1396 (Medicaid).
9. **Payment.** For payment may made under Part B of Title XVIII of the Social Security Act (Medicare), the facility and the J-1 physician must accept as payment in full for all services.
10. **Medicaid.** The facility and the J-1 physician must enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.
11. **Reporting Requirements.** The applicant must agree to submit an initial and annual reports to the Department of Health upon approval of the waiver request. When the Department is notified of the approved waiver request, a report template will be provided to the facility for completion.
12. **Employment Contract.** The application must state that a four-year contract is being offered to the physician. A copy of the fully executed contract must be submitted before the physician begins employment at the facility. (See section 8 under Physician Requirements.)
13. **Compensation.** Documentation must be provided that the J-1 physician will receive a salary and benefits equal to the income of a comparably qualified physician of the organization, and that is consistent with the prevailing wage in the geographic area.
14. **Retention.** The application must provide a short and long-range plan for the retention of the J-1 physician during and beyond the four-year obligation.

Section 2: J-1 Physician

The requesting J-1 physician must initial and ensure that all required documents are included in the application.

All documents must contain the case number assigned by the U.S. Department of State.

To obtain a case number from the U.S. Department of State, the application (DS-3035) can be found at: <https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver.html>

1. **DS-3035 Waiver Recommendation Application Data Sheet.** The request must include a completed, legible copy signed by the physician.
2. **DS-2019 Certificate of Eligibility for Exchange visitor (J-1) Status.** The request must include a copy of the DS-2019 "Certificate of Eligibility for Exchange visitor (J-1) Status" form. The form can be obtained at: <https://j1visa.state.gov/participants/how-to-apply/about-ds-2019/>
3. **USCIS I-94 form.** The request must include a copy the U.S. Citizenship and Immigration Services I-94 form. The form can be obtained at: <https://www.uscis.gov/i-9-central/form-i-94>
4. **No Objection Letter.** If the J-1 physician's medical education/training was funded by the physician's home government, the waiver application request must include a copy of the "no objection" letter from the home government. If there was no funding provided by the J-1 physician's home government, this must be indicated on the Physician Agreement.
5. **Physician Curriculum Vitae and Letters of Recommendation.** The request must contain a complete vitae of the physician and three letters of recommendation from medical professionals personally familiar with the physician's qualifications, work, and personal integrity.
6. **New Jersey Medical License.** Physicians must provide a copy of their current New Jersey medical license or proof of New Jersey licensure eligibility. Copies of all internship, residency and fellowship certificates must be also provided.
7. **Board Certification/Eligibility.** Physicians must be board eligible, and become board certified within one year of receiving their waiver.
8. **Employment Contract.** The physician must demonstrate a bona fide offer of employment from the health care facility (copy of the complete employment contract). The contract shall not include a non-compete clause against the J-1 physician.

The contract must specify the following:

- a. the physician must agree to work at the health care facility in which he/she is employed for no less than four (4) years;
 - b. the physician must agree practice medicine a minimum of forty (40) hours per week in the designated geographic area or federally designated Health Professional Shortage Areas and;
 - c. the physician must agree to begin employment at such facility within ninety (90) days of receiving a waiver.
9. **Affidavit.** The physician must provide an affidavit in which he or she avers that their medical license has never been suspended or revoked and that they are not subject to any criminal investigation or proceedings by any medical licensing authority.
 10. **Non-Pending Declaration.** The J-1 physician must sign and date the statement that avers he or she does not have a pending, nor is submitting another application request to any United States

Government department or agency, or any State Department of Public Health during the pendency of this application with the New Jersey Department of Health.

11. **HPSA Documentation.** Documentation must be provided that the J-1 physician agrees to practice in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals.
12. **Employment Relocation.** Relocation by the J-1 physician from an approved employment site to a new site must be submitted in writing and approved by the New Jersey Department of Health prior to the move.

APPLICATION SUBMISSION

An original and one unbound copy of the application must be submitted to:

New Jersey Department of Health
Division of Family Health Services
Office of Primary Care and Rural Health
Attention: J1-Visa Waiver/Conrad 30 Program
50 E. State Street, 6th Floor
PO Box 364
Trenton, NJ 08625-0364

Every item requested in the application and guidelines should be clearly labeled. J-1 visa waiver applications that do not comply with the required information and documentation, including attachments and enclosures, will be returned to the applicant. If you have any questions, please contact the Office of Primary Care and Rural Health at (609) 292-1495.

The submission of a J-1 visa waiver application does not ensure that the Department will recommend a waiver. The Department reserves the right to recommend or decline a request for a waiver.